

CACFP Infant Daily Activity and Menu Record 4 through 7 Months of Age

Name: _____
 Age: _____
 Brand or Kind of Formula: _____
 Month and Year: _____

MEAL PATTERN:

Breakfast:
 4-8 oz. * MM or IFIF
 0-3 Tbsp IFIC(1)

AM/PM Snack:
 4-6 oz. * MM or IFIF

Lunch/Supper:
 4-8 oz. * MM or IFIF
 0-3 Tbsp IFIC(1)
 0-3 Tbsp Fruit/Vegetable or Both(1)

MM = Mother's Milk
 IFIF = Iron Fortified Infant Formula
 IFIC = Iron Fortified Infant Cereal



	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
Breakfast					
AM Snack					
Lunch					
PM Snack					
Supper					
Nap Times					
Diaper Changes					

- ☐ I verify that I have served Iron-Fortified Infant Formula (NOT low-iron formula) or Mother's Milk.
- ☐ I verify that there is a Formula Decision Form in file (not required if the infant is receiving Mother's Milk.)
- ☐ I verify that infants were offered the required foods listed for their age group, as developmentally appropriate.
- ☐ I verify that the above information is correct and I have kept a copy for my records.

* A serving of less than the minimum amount of Mother's Milk may be offered, with additional Mother's Milk offered if the infant is still hungry.

(1) A serving of this component is required when the infant is developmentally ready for it.

★ *Hot dogs, frankfurters, corn dogs, and sausages are NOT CREDITABLE FOR INFANTS. Fish sticks, patties, nuggets, or other commercial breaded or battered seafood products or canned, fresh, or frozen fish with bones are NOT creditable for infants.*

Signature _____

Date _____